



# **NORTHEAST IOWA COMMUNITY ACTION**

## **PERFORMANCE AND OUTCOMES REPORT FOR THE FAMILY DEVELOPMENT AND SELF-SUFFICIENCY PROGRAM**

**STATE FISCAL YEAR 2022**

### **PREPARED BY**

Iowa Department of Human Rights  
Lucas State Office Building  
321 E. 12th Street  
Des Moines, IA 50319

---

**515.242.5655**  
**<https://humanrights.iowa.gov>**

## INTRODUCTION

Iowa's Family Development and Self-Sufficiency Program (FaDSS) was created by the 1988 General Assembly to assist Family Investment Program (FIP) families with significant or multiple barriers reach self-sufficiency. FaDSS provides services that promote, empower, and nurture families toward economic self-sufficiency and family stability.

Participation in FaDSS is a voluntary option for families participating in the Family Investment Program (FIP). Eligible families are identified and referred to the program primarily by Iowa Workforce Development's PROMISE JOBS program. However, referrals to FaDSS may also originate with the Department of Human Services, other social service providers, or as self-referrals. Beginning in July 2019, FaDSS began serving families who are not mandated to participate in the PROMISE JOBS program.

The program is provided to families in Allamakee, Bremer, Chickasaw, Clayton, Fayette, Howard, and Winneshiek counties through a partnership with Northeast Iowa Community Action.

Utilizing a strengths-based approach, the program is delivered to families through home visits with certified Family Development Specialists. Core services include assessment and screening, family-driven goal setting, referrals to community resources and supports, and advocacy and self-empowerment.

## CONTINUOUS QUALITY IMPROVEMENT

The FaDSS program is committed to providing high quality, effective services for families. To that end, program leadership meet each quarter to review performance on select contract measures and family outcomes with the goal of identifying 1) areas where the program is achieving desired results and 2) opportunities to implement responsive changes to practice to ensure the program is on track to meet year-end targets. This report provides an overview of the performance and outcomes data reviewed for each quarter. Statewide performance data is provided where appropriate for comparison purposes. All data provided in this report should be interpreted in light of unique program considerations as well as community factors that may affect performance and outcome measures.

## EVALUATION METHODOLOGY

The Iowa Department of Human Rights, in partnership with Northeast Iowa Community Action, gathers a wealth of data related to program performance and self-sufficiency outcomes for families. Information about participants is collected by Family Development Specialists using the Self-Sufficiency Matrix, a tool that measures changes in 14 life domains. Demographic characteristics and information about the specific activities and services completed with families are also gathered. Together, this information allows the FaDSS program to:

- Understand family characteristics, including assets and barriers to self-sufficiency;
- Assess changes in family self-sufficiency and stability domains over the course of enrollment;
- Build upon program success and consider areas for further focus.

## A NOTE ON THE DATA PRESENTED

In March of 2020, the State of Iowa declared an emergency public health disaster due to COVID-19. As a result, the FaDSS program implemented a series of rapid-response adjustments to ensure the safety of all staff and families served, including a requirement that programs provide virtual home visits only and the extension of transition services for up to 60 days after the end of the emergency declaration. FaDSS services were delivered virtually from March 17, 2020 through April 15, 2022. Extended transition services were offered through April 15, 2022. All data are based on families that have completed the program.

## PROGRAM EQUITY & COVID-19 RECOVERY

- At the direction of the FaDSS Council, the program began concerted efforts to apply an equity lens to service provision with the formation of a FaDSS Equity Committee. All policies and practices are reviewed with an equity lens and focused efforts to engage FaDSS workers in ongoing discussions and learning are being implemented statewide.
- As we continue to realize the impacts of COVID-19 on all Iowans, specific attention is being drawn to the disproportionate impact for low-income, marginalized and other under-served communities. This creates the opportunity to center the voices of families in addressing equitable economic recovery strategies.

## NUMBER OF FAMILIES SERVED

At any point in time, the Northeast Iowa Community Action FaDSS program may serve 60 families. In Fiscal Year 2022, a total of 78 families received services. 29 families completed or were exited from the program during the reporting period, including 74 children (under the age of 18).

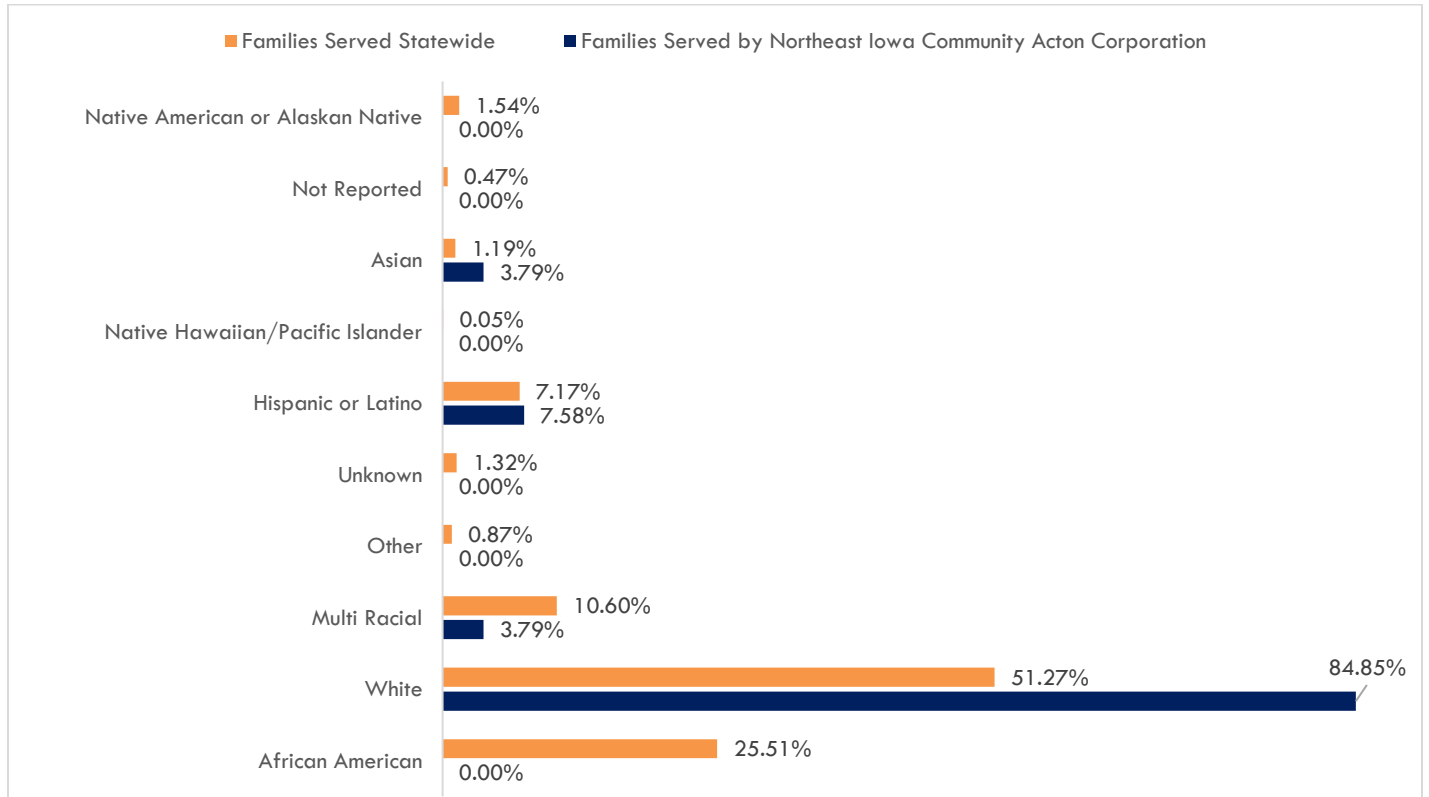
## CHARACTERISTICS OF FAMILIES SERVED

Demographic information about FaDSS participants is collected at the family (rather than individual) level, though the program often narrows in on characteristics of the designated “Head of Household” to identify and understand trends related to family structure and progress toward self-sufficiency. Overall, eighty-six percent of families are headed by a female; thirty-four percent are headed by an individual aged 24-34. Figure 1 below provides insight into the racial and ethnic composition of FaDSS families served by Northeast Iowa Community Action. Statewide, families of color are disproportionately represented in the FaDSS program when compared to Iowa’s general population, though the disparity is reflective of the broader representation of families of color in the Family Investment Program (FIP).<sup>1</sup>

---

<sup>1</sup> Source: Iowa Department of Human Services.

**Figure 1. Race and Ethnicity of All Family Members**



## PROGRAM PERFORMANCE – STATE CONTRACT MEASURES

Each quarter, program leadership meet to review performance on contract measures and identify opportunities to improve outcomes for families. The table below presents FY 22 performance for each contract measure, and includes the contract target and state average for comparison.

**Table 1. Contract Measures**

Contract Measure	NEICAC FY 22	FY 22 Target	State FY 22 Average
Families involved in at least one work preparedness activity.	86%	70%	59%
Families exiting FaDSS with increased income.	43%	50%	47%
Adult family member(s) with a substantiated mental health barrier that accessed treatment.	95%	90%	89%
Adult family member(s) with a substantiated substance abuse barrier that accessed treatment.	75%	90%	83%

Employed families with child care issues that have addressed those issues.	71%	60%	48%
Families with age eligible children (0-5) co-enrolled in an early childhood program.	86%	60%	43%
Families receiving transition services after the last month of FIP.	89%	65%	68%

## PROGRAM PERFORMANCE – LOCAL PROGRAM GOALS

In addition to conducting regular reviews of performance on state contract measures, Northeast Iowa Community Action leadership set and review performance and outcomes goals unique to the local program. Table 2 provides an overview of these goals and corresponding performance data. State performance data have been included for comparison.

**Table 2. Program Goals**

Indicator	Through Quarter 1	Through Quarter 2	Through Quarter 3	Quarter 4 (Year End)	Target	State Average
<i>Goal: To understand how well specialists are able to engage families in services.</i>						
Percent of families with a 12+ month length of stay.	57%	56%	57%	<b>69%</b>	<b>40%</b>	54%
Percent of FIP Families utilizing full 7-month transition.	25%	29%	50%	<b>74%</b>	<b>50%</b>	45%
Percent of FIP families with no transition.	0%	0%	13%	<b>11%</b>	<b>&lt; 30%</b>	32%
<i>Goal: To meet the identified needs of adults in the household.</i>						
Percent of adult family members with substantiated mental health issues that accessed treatment/support while in FaDSS.	80%	86%	89%	<b>95%</b>	<b>90%</b>	89%
Percent of adult family members with substantiated substance issues that accessed treatment/support while in FaDSS.	50%	50%	50%	<b>75%</b>	<b>90%</b>	83%
Percent of adult family members with substantiated chronic/acute physical illness that accessed treatment/support while in FaDSS.	100%	100%	100%	<b>100%</b>	<b>90%</b>	98%
Percent of families experiencing DV that receive help.	67%	67%	67%	<b>80%</b>	<b>90%</b>	88%

Percent of heads of households demonstrating improvement in targeted transportation domains (SSM).	67%	50%	60%	<b>60%</b>	<b>50%</b>	46%
Percent of heads of households demonstrating improvement in targeted employment (SSM).	0	20%	22%	<b>37%</b>	<b>55%</b>	46%
<i>Goal: To meet the identified needs of children in the household.</i>						
Percent of children in the family with sustained mental health issues that accessed treatment/support while in FaDSS.	50%	50%	50%	<b>80%</b>	<b>90%</b>	96%
Percent of children in the family with substantiated chronic/acute physical illness that accessed treatment/support while in FaDSS	100%	100%	100%	<b>100%</b>	<b>90%</b>	97%
Percent of children 0-5 co-enrolled in an early childhood program.	100%	100%	88%	<b>86%</b>	<b>75%</b>	43%
Percent of referrals made as a result of any positive screening for child development.	N/A	N/A	0%	<b>0%</b>	<b>80%</b>	38%
Percent of families already receiving support for child development.	N/A	N/A	100%	<b>100%</b>	<b>100%</b>	44%
<i>Goal: For families to be provided with a high level of quality in assessments and screenings.</i>						
Percent of general family functioning assessments completed.	100%	100%	100%	<b>100%</b>	<b>90%</b>	95%
Percent of general family functioning assessments completed timely (within 60 days of entry).	86%	89%	86%	<b>90%</b>	<b>85%</b>	80%
Percent of child development screenings applicable and administered.	100%	100%	100%	<b>87%</b>	<b>75%</b>	80%
Percent of child development screenings administered timely (within 120 days of entry)	0%	0%	80%	<b>71%</b>	<b>75%</b>	74%
Percent of domestic violence screenings applicable and administered.	100%	100%	100%	<b>100%</b>	<b>90%</b>	87%
Percent of domestic violence screenings administered and was timely (within 90 days of entry).	50%	50%	71%	<b>71%</b>	<b>75%</b>	81%

## THE SELF-SUFFICIENCY MATRIX

Families participating in the FaDSS program often face multiple barriers to self-sufficiency. Through an in-depth assessment process (including both formal and informal assessment), Family Development Specialists work with families to identify areas of strength that are then used to address barriers. The Self-Sufficiency Matrix provides a mechanism for program staff to measure changes in a family's situation from entry (within 60 days of enrollment) to program exit. The Self-Sufficiency Matrix measures family stability across 14 life domains. Answering a series of questions for each family domain, Family Development Specialists rate stability on a scale of 1 through 5 based on his/her observation and assessment.

**Table 3. Self-Sufficiency Matrix – Domains**

1. Housing	8. Parenting, Nurturing and Attachment
2. Transportation	9. Child Care
3. Mental Health	10. Support of Child Development
4. Substance Abuse	11. Adult Education
5. Health	12. Language
6. Income	13. Support Network
7. Employment	14. Relationship with Partner

**Figure 2. Self-Sufficiency Matrix - Stability Scale**



## SELF-SUFFICIENCY MATRIX RESULTS

By comparing scores for each life domain at entry and at exit, we gain insight into the cumulative impact of FaDSS services on self-sufficiency and stability measures. For the current reporting period, 28 families had both entry and exit scores<sup>2</sup>. Additional performance data are included in a discussion of select domains to lend both context and supporting information about changes in family stability and self-sufficiency measures.

Table 4 presents changes in pre-/post- Self-Sufficiency Matrix life domains. When interpreting the data below, it is useful to consider several key factors: 1) the average entry score may impact both the average

<sup>2</sup> The FaDSS program launched a new data collection system, Iowa FaDSS, on July 1, 2016. Self-Sufficiency Matrix data for families that enrolled prior to July 1, 2016 were not migrated from the legacy data collection system. Therefore, for the current reporting period, only families that enrolled after July 1, 2016 and exited by June 30, 2022 could be included in this analysis.

change and the percent of families that saw improvement in a domain. For example, when the average entry score is high, families may not have much room for further improvement. Conversely, when the average entry score is considerably low (i.e. at “Vulnerable”), significant scaffolding of supports may be necessary even to achieve stability, or no change, from entry to exit; 2) While our goal is to leverage FaDSS services to achieve positive outcomes across all life domains, community factors may play a significant role in whether a family achieves improvement. This may be particularly salient for domains such as housing, transportation, and child care. Overall, any review of pre-/post- Self-Sufficiency Matrix changes should include these and other local considerations.

**Table 4. Pre-/Post- Changes in Family Stability and Self-Sufficiency Measures**

	Overall Domain Changes – Head of Household					Targeted Domain Changes <sup>3</sup> - Head of Household		
Domain	Average Entry Score	Average Exit Score	Average Change	Percent Improved	Percent Improved - State	Average Change	Percent Improved	Percent Improved - State
Housing	3.07	3.18	+0.11	28%	32%	-0.53	20%	41%
Transportation	3.82	4.43	+0.61	39%	32%	+1.00	60%	46%
Mental Health	3.71	3.75	+0.04	25%	23%	-0.09	18%	31%
Substance Abuse	3.71	4.07	+0.36	18%	11%	0.00	0%	29%
Health	4.07	4.18	+0.11	14%	28%	+0.13	12%	36%
Income	1.14	1.57	+0.43	32%	27%	+0.57	43%	29%
Employment	1.54	2.32	+0.78	36%	41%	+1.00	37%	46%
Nurturing and Attachment	4.61	4.61	0.00	11%	20%	0.00	0%	28%
Childcare	2.90	3.15	+0.25	20%	30%	+1.00	50%	35%
Support of Child Development	3.89	4.25	+0.36	28%	31%	+0.44	33%	39%
Adult Education	2.21	2.36	+0.15	14%	11%	+0.40	40%	17%
Language	3.00	4.00	+1.00	100%	24%	+1.00	100%	37%
Support Network	2.64	3.14	+0.50	43%	39%	+0.75	75%	56%

<sup>3</sup> Targeted domains are domains for which the specialist and family set one or more goals to address identified barriers.



<b>Relationship with Partner</b>	3.77	3.77	0.00	<b>23%</b>	18%	-3.00	<b>0%</b>	21%
----------------------------------	------	------	------	------------	-----	-------	-----------	-----

### **HOUSING**

Taking a deeper look at the housing domain, we can see that as a whole, families entered with an average score of 3.07 “safe.” Fifty-four percent of families set goals related to their housing situation, meaning that this domain was particularly targeted by both the family and the home visitor for improvement. Families setting goals improved in the housing domain at a slightly lower rate than all families.

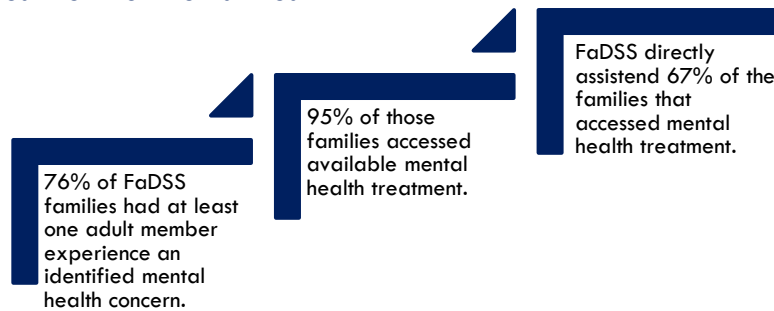
### **TRANSPORTATION**

Families entered the FaDSS program with an average transportation score of 3.82, or between “safe” and “building capacity.” Thirty-six percent of families set a goal related to transportation; of those that did, Sixty percent showed improvement compared to thirty-nine percent of all families.

### **MENTAL HEALTH**

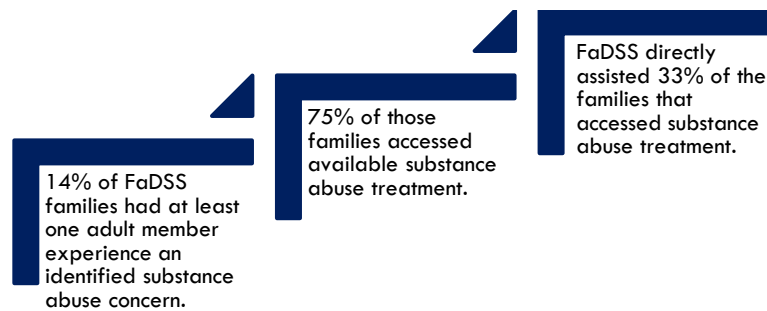
The mental health domain presents a more complex picture of family stability. Families entered the program with an average score of 3.71, between “safe” and “building capacity.” Thirty-nine percent of families set a goal related to addressing mental health needs. Eighteen percent of families who set goals saw improvement compared to twenty-five percent of families overall.

**Figure 3: Access to Treatment for Mental Health**



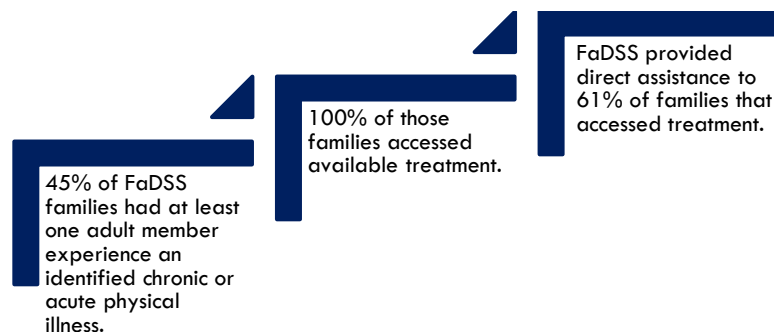
### **SUBSTANCE ABUSE**

Similar to mental health, the substance abuse domain can provide useful, though complex insight into family stability. A review of data for this domain demonstrates that families enter the program with an average score of 3.71, in the “safe” category. During this fiscal year there were no families that chose to set goals for improvement in this domain. Eighteen percent of families saw improvement in the substance abuse domain. Similar to mental health, scores overall remained steady from enrollment to exit. As with mental health, substance abuse screening may be both formal and informal, and may occur as appropriate at any point during enrollment. It is possible that Family Development Specialists identified the presence of substance abuse concerns after the initial Self-Sufficiency Matrix was administered. As with mental health, the role of the Family Development Specialist is strictly to screen for the presence of substance abuse and connect families to qualified resources and supports.

**Figure 4: Access to Treatment for Substance Abuse**

### HEALTH

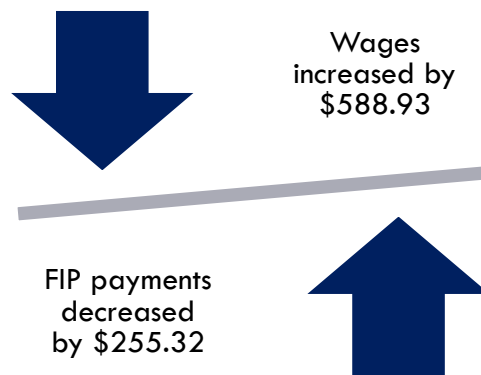
Families entered the FaDSS program with an average score of 4.07 in the “building capacity” category. Overall, families exited with higher scores, at 4.18. Twenty-nine percent of families set health-related goals; of those that did, they achieved similar results than those of all families in this domain. While the FaDSS program measures family progress in this domain, it is generally approached in terms of facilitating family access to appropriate, qualified health professionals.

**Figure 5: Access to Treatment for Chronic and Acute Physical Illness**

### INCOME

As might be expected, families tended to enter the FaDSS program with much lower scores in this domain (the average score was 1.14, or “in crisis”). The average score at exit was 1.57; still within the “in crisis” range, though improved over scores at entry. Fifty percent of families set income-related goals; of those that did, they achieved similar results than those of all families in this domain. It is worth noting that the income domain is directly related to earned wages. To put this into further context, the “in crisis” category applies to families between 0% and 100% of poverty by family size.

**Figure 6: Changes in Monthly FIP and Wages from Entry to Exit**



Narrowing in on families employed at exit (fifty-five percent), we see that the average monthly wage was \$1,539.23 (an increase of \$1,290.62).

### EMPLOYMENT

Supporting families as they seek and obtain employment is a cornerstone of the FaDSS model. Families entered the FaDSS program with an average score of 1.54, within the “in crisis” range for the employment domain. At sixty-eight percent, this domain had the highest rates of goal setting. Families saw similar levels of improvement regardless of goal setting or not for this domain. The FaDSS program provides a number of formal and informal supports related to employment. Figure 7 below provides a detailed look at these activities.

**Figure 7: Job Preparedness Activities**



At entry, twenty-one percent of families were employed; by exit, fifty-five percent had achieved employment. Reviewing family progress for both the employment and income domains together, it is clear that FaDSS is effective in supporting families to obtain employment, though improvements in income suggest that overall wages earned remain lower.

### PARENTING, NURTURING AND ATTACHMENT

Families enrolling in FaDSS tended to score relatively high in the parenting, nurturing and attachment domain. With an average incoming score of 4.61, parents were generally considered to be “building capacity” in terms of their parenting ability and relationship with their children. Overall, less than one percent of families set a goal related to this domain. When this domain was targeted, families tended to see slight improvement

in scores at exit (similarly, scores were relatively stable for families overall). The FaDSS program, unlike many family support programs, may provide support to families even when child safety comes to the attention of child protective services. Of families completing the FaDSS program in Fiscal Year 2022, seventeen percent had an active child abuse case at some point during their enrollment.

### **CHILD CARE**

This domain applied to seventy-one percent of families, meaning that they had a child that would require child care. However, access to child care is often a significant barrier to employment and self-sufficiency for families with young children. The average score at entry was 2.90, between “vulnerable” and “safe.” One percent of families for whom this domain applied set a goal related to child care; of those that did, entry scores averaged 2.00. Families achieved improvement at higher rates for this domain when a goal was set (fifty percent of families with targeted goals saw improvement while twenty percent of families overall saw improvement). Both families that set goals and those that did not set goals exited in the “safe” category. FaDSS was able to provide direct assistance in obtaining child care to seventy-one percent of employed families for whom this was a barrier.

### **SUPPORT OF CHILD DEVELOPMENT**

The average score at entry was 3.89, between “safe” and “building capacity.” Thirty-two percent of families set a goal related to child development; of those that did, entry scores averaged 3.78. Families that targeted this domain achieved improvement at higher rates than that of all families. It should be noted, the FaDSS program engages families in formal screening for developmental delays for all children ages 0-5. Using the Ages and Stages Questionnaire (ASQ-3 and/or ASQ SE: 2), the FaDSS program conducted screening with forty-one percent of families with an age-eligible child (ten percent of children screened were identified as positive for a developmental delay). Overall, eighty-six percent of families with age-eligible children also participated in an early childhood program.

### **ADULT EDUCATION**

For families enrolling in FaDSS, the average score for adult education was 2.21, in the “vulnerable” category. For this domain, it is worth noting that a score of 2 indicates that the head of household has achieved either a high school equivalency diploma or has graduated from high school; a score of 3 indicates that the head of household attends college, community college, or a job/technical training program. Eighteen percent of families set a formal goal for this domain. Overall, fourteen percent of adult heads of household improved their level of educational attainment.

### **LANGUAGE**

The language domain measures changes in literacy for a family’s native language and progress toward bilingual fluency. This domain is not completed for English-speaking adult family members; less than five percent of families were scored for changes in language. Overall, the data available for this domain are insufficient for analysis.

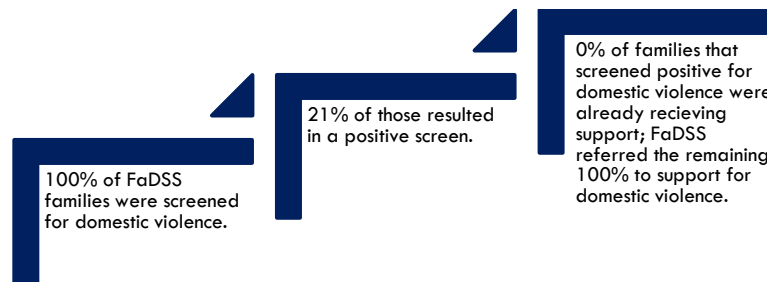
### **SUPPORT NETWORK**

This domain measures family access to both formal (i.e. social service programs) and informal (i.e. family and friends) supports. The average score at entry for this domain was 2.64, between “vulnerable” and “safe.” Fourteen percent of families set a goal related to their support network; families that targeted this domain achieved saw greater improvement than families that did not set a formal goal.

### RELATIONSHIP WITH PARTNER

As with the child care and language domains, the relationship domain considers a smaller number of families for changes from entry to exit. This domain is completed for heads of household based on current and past relationships (within six months prior to completion of the entry Self-Sufficiency Matrix). For the current reporting period, data for this domain are available for forty-six percent of families with Self-Sufficiency Matrix scores. At entry, families averaged a score of 3.77, in the “safe” category. Exit scores for all families was unchanged (3.77). One family set a formal goal related to this domain. Overall, the data available for goal setting for this domain are insufficient for analysis. The FaDSS program engages families in formal screening for domestic violence within the first ninety days of enrollment. Figure 8 below provides an overview of screening activities completed in Fiscal Year 22.

**Figure 8: Screening for Domestic Violence**



### CONCLUSION

The Northeast Iowa Community Action FaDSS program works diligently to provide high-quality, supportive services to families participating in the Family Investment Program. The data presented above reflect the program’s commitment to achieving improved outcomes for parents, children, and families as a whole.